Image# 14960533144 PAGE 1 / 40

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	outer Than A	iii Autilolizet				Office Use Only
NAME OF TO COMMITTEE (in full)	YPE OR PRINT ▼		mple: If typir r the lines.	ng, type	12FE4M5	
American Academy of F	amily Physicia	ans Political	Action Co	ommittee		
<u> </u>					<u>                                     </u>	
ADDRESS (number and street)	1133 Connecticut A	venue, NW				
Check if different	Suite 1100					
than previously reported. (ACC)	Washington				DC [	20036
2. FEC IDENTIFICATION NUM	IBER ▼	CITY▲			STATE A	ZIP CODE ▲
C C00411553		3. IS THIS REPORT	<b>\</b>	IEW N) <b>OR</b>	AN (A)	IENDED
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)		May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	> Dag 0			lun 20 (M6)	Η.	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	. IL	Apr 20 (M4)		Jul 20 (M7)	-	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	(c) 12-Day PRE-Elec		Primary (12P	-	General	
October 15 Quarterly Report (Q3)	Report fo	r tne:	Convention (	120)	Special (	125)
January 31 Year-End Report (YE)		Election on	M = M /	D D /	Y 11 Y 11 Y 11 Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Ele Report fo		General (300	i)	Runoff (3	Special (30S)
Termination Report (TER)	пероп ю	Election on	M - M /	D D /	Y " Y " Y " Y	in the State of
5. Covering Period 02	/ D D / Y	2014	through	02 02	28	2014
I certify that I have examined this		best of my kno	wledge and b	pelief it is tru	e, correct and	d complete.
Type or Print Name of Treasurer	Hugh M Taylor MD					
Signature of Treasurer  Hugh M	1 Taylor MD		[Electronically	Filed] D	ate 03	20 / 2014
NOTE: Submission of false, erroneo	us, or incomplete in	formation may su	bject the pers	son signing th	is Report to th	ne penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)
Page 2

Write or Type Committee Name

#### American Academy of Family Physicians Political Action Committee

Report Covering the Period: From: 02 01 2014 To: 02 28 2014

COLUMN A COLUMN B

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		409043.60
	(b) Cash on Hand at Beginning of Reporting Period	445336.51	
	(c) Total Receipts (from Line 19)	43021.53	114858.09
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	488358.04	523901.69
7.	Total Disbursements (from Line 31)	68424.57	103968.22
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	419933.47	419933.47
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

#### For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### American Academy of Family Physicians Political Action Committee

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(i) Itemized (use Schedule A)	30996.66	77603.32
(ii) Unitemized	, 11287.08	35992.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	42283.74	113596.15
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		140500.15
Totals to Line 33, page 5)▶	42283.74	113596.15
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	0.00	
8. All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	737.79	1261.94
Refunds of Contributions Made	7	7 7
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds	3.00	3.00
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
		0.00
(b) Levin Funda (franc Calaadula UE)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))  7. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	0.00 43021.53	114858.
. Total Federal Receipts	10004 50	44,000 0
(subtract Line 18(c) from Line 19)▶	43021.53	114858.09

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures:  (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Jaiolidai Tour to Buto
	(i) Federal Share	0.00	0.00
	(ii) Non Fodoval Chare	0.00	0.00
	(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
	Expenditures	924.57	1468.22
	(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))▶	924.57	1468.22
	Transfers to Affiliated/Other Party	324.31	1400.22
	Committees	0.00	0.00
	Contributions to Federal Candidates/Committees and Other Political Committees	67500.00	102500.00
	Independent Expenditures	0.00	0.00
	(use Schedule E)	0.00	0.00
	(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	Loan Repayments Made	0.00	0.00
	Loans MadeRefunds of Contributions To:	0.00	0.00
	(a) Individuals/Persons Other Than Political Committees	0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
	Other Disbursements	0.00	0.00
	Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00	0.00
	With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	68424.57	103968.22
	Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	68424.57	103968.22

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	42283.74	113596.15
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42283.74	113596.15
<ol> <li>Total Federal Operating Expenditures         (add Line 21(a)(i) and Line 21(b)) ▶ ▶ ★</li></ol>	924.57	1468.22
7. Offsets to Operating Expenditures (from Line 15, page 3)	737.79	1261.94
8. Net Operating Expenditures (subtract Line 37 from Line 36)	186.78	206.28

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR	PAGE	6	OF	40				
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial)  Dale Crawford Allison MD		Date of Receipt
Mailing Address 3301 Alexander Ave		02 10 / Y = Y = Y = Y
City Waco	State Zip Code TX 76708-2301	Transaction ID: C2645452
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed Receipt For:	Occupation Physician  Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Michelle Lopez Apiado MD  Mailing Address 1275 Winsted Rd Unit 427		Date of Receipt  02 03 2014
City Torrington	State Zip Code CT 06790-2967	Transaction ID : C2639858  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Family Medicine of CT	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial)  C. Brian L Bachelder MD		Date of Receipt
Mailing Address 5151 TR 126		02 19 2014 _
City Mount Gilead	State Zip Code OH 43338	Transaction ID : C2647780  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer  Akron General Medical Center	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
SUBTOTAL of Receipts This Page (optional)		1095.00
TOTAL This Period (last page this line number	r only)	

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NAME OF COMMITTEE (In Full)	the name and address of any political committee  Physicians Political Action Commi	
Full Name (Last, First, Middle Initial) Rebekah Ann Bernard MD  Mailing Address 19481 Devonwood Cir  City Fort Myers  FEC ID number of contributing federal political committee.  Name of Employer  Collier Health  Receipt For: Primary General Other (specify)	State Zip Code FL 33967-4850  C  Occupation Physician  Aggregate Year-to-Date ▼  600.00	Date of Receipt  02 19 2014  Transaction ID: C2647774  Amount of Each Receipt this Period  600.00
Full Name (Last, First, Middle Initial)  Kenneth Robert Bertka MD  Mailing Address 8533 Castle Oaks PI  City Holland  FEC ID number of contributing federal political committee.  Name of Employer Mercy Health Partners  Receipt For: Primary Other (specify)	State Zip Code OH 43528-9231  C  Occupation Family Physician  Aggregate Year-to-Date ▼  1000.00	Date of Receipt  02 19 2014  Transaction ID: C2648834  Amount of Each Receipt this Period  1000.00
Full Name (Last, First, Middle Initial)  Janalynn Fish Beste MD  Mailing Address 1212 Vanderhorst PI  City Wilmington  FEC ID number of contributing federal political committee.  Name of Employer University of North Carolina  Receipt For:  Primary General Other (specify)	State Zip Code NC 28405-5327  C  Occupation Physician  Aggregate Year-to-Date ▼  365.00	Date of Receipt  02 03 2014  Transaction ID: C2638901  Amount of Each Receipt this Period  365.00
SUBTOTAL of Receipts This Page (optional)	<u> </u>	1965.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.
,	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial)  A. Russell S Breish MD  Mailing Address 906 Spring Ave		Date of Receipt
waming Address Sub Spring Ave		02 08 2014
City	State Zip Code	Transaction ID : C2645491
Fort Washington	PA 19034-1416	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Chestnut Hill Hospital	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  3. Jennifer L Brull MD		Date of Receipt
Mailing Address PO Box 147		M = M / D = D / Y = Y = Y
3000 US HWY 183 City	State Zip Code	02 19 2014
Plainville	KS 67663-0147	Transaction ID : C2661443  Amount of Each Receipt this Period
<u> </u>		Amount of Lacti necelpt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self-Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Domenic Wm Casablanca MD		Date of Receipt
Mailing Address 4 Corporate Dr Ste 195	20.4	02
City Shelton	State Zip Code CT 06484-6240	Transaction ID : C2651621
	J . 00+0+-02+0	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify)	366.00	
Caron (openity)	553.55	
SUBTOTAL of Receipts This Page (optional)		866.00
TOTAL This Period (last page this line number	only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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Anv information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

or for commercial purposes, other than using t	he name and address of any political committee to	
NAME OF COMMITTEE (In Full)  American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial) Frank M Castillo MD  Mailing Address 2750 W North Ave		Date of Receipt
		02 19 2014
City Chicago	State Zip Code IL 60647-5247	Transaction ID : C2648833
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Erie Family Health Center	Occupation Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Barton A Chase MD		Date of Receipt
Mailing Address 3856 Highway 57 W P.O. Box 99		02 19 2014
City Ramer	State Zip Code TN 38367-7167	Transaction ID : C2648993  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2750.00
Name of Employer Ramer Family Health Center	Occupation Physician/Owner	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  2750.00	
Full Name (Last, First, Middle Initial)  Christopher Bice Clemow MD		Date of Receipt
Mailing Address 324 Addis Cir		02 19 2014
City Anderson	State         Zip Code           SC         29626-5702	Transaction ID : C2647789  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
AN Med Health Receipt For: Primary General	Physician  Aggregate Year-to-Date ▼	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional).		3250.00
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Use separate schedule(s) for each category of the Detailed Summary Page

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**Detailed Summary Page** Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Jonathan Mitchell Cook DO Date of Receipt Mailing Address 632 Chesterfield Rd 08 2014 City Zip Code State Transaction ID: C2645486 GA Bogart 30622-6817 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Clarke-Oconee Family Practice Physican Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jonathan Mitchell Cook DO Date of Receipt Mailing Address 632 Chesterfield Rd 02 2014 19 City State Zip Code Transaction ID: C2648832 GA **Bogart** 30622-6817 Amount of Each Receipt this Period FEC ID number of contributing 250.00 federal political committee. Name of Employer Occupation Clarke-Oconee Family Practice Physican Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Steven A Crawford MD Date of Receipt Mailing Address 900 NE 10th St 2014 02 23 City Zip Code State Transaction ID: C2649872 OK Oklahoma City 73104-5420 Amount of Each Receipt this Period FEC ID number of contributing 416.66 С federal political committee. Name of Employer Occupation Physician Faculty University of Oklahoma Receipt For: Aggregate Year-to-Date ▼ Primary General 833.32 Other (specify)

916.66

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

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City Annapolis  FEC ID number of contributing federal political committee.  Name of Employer Primary Self Employer Self Employed Physician  Receipt For: Primary Self Employer Self Employer Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial)  S. Keith E Davis MD  Mailing Address PO Box 563  City Primary General Other (specify) ▼  Full Name of Employer Self Employer Self Employer Primary General Other (specify) ▼  State Date of Receipt  Date of Receipt  Transaction ID: C2649897  Amount of Each Receipt this Period  Transaction ID: C2649672  Amount of Each Receipt this Period  Transaction ID: C2649672  Amount of Each Receipt this Period  Transaction ID: C2649672  Amount of Each Receipt this Period  Transaction ID: C2649782  Amount of Each Receipt this Period  Transaction ID:	NAME OF COMMITTEE (In Full)	the name and address of any political committee to Physicians Political Action Commit	
Mailing Address PO Box 563  City Shoshone ID 83352-0563  FEC ID number of contributing federal political committee.  Foll Name of Employer Self Physician Owner/CEO/Med Dir Receipt From Aggregate Year-to-Date ▼  City Shoshone ID 83352-0563  Fec ID number of contributing federal political committee.  Full Name (Last, First, Middle Initial)  Thomas M Dean MD  Mailing Address PO Box 335  409 W. 10th Street  City Wessington Springs State Zip Code Schools	A. Patricia A Czapp MD  Mailing Address 102 Melvin Ave  City Annapolis  FEC ID number of contributing federal political committee.  Name of Employer  Self Employed  Receipt For:  Primary General	MD 21401-1221  C Occupation Physician  Aggregate Year-to-Date ▼  365.00	02 19 2014 Transaction ID : C2648897
Thomas M Dean MD  Mailing Address PO Box 335  409 W. 10th Street  City  Wessington Springs  FEC ID number of contributing federal political committee.  Name of Employer  Horizon Health Care  Receipt For:  Primary  Other (specify) ▼  Date of Receipt  Transaction ID : C2647782  Amount of Each Receipt this Period  C  500.0	Mailing Address PO Box 563  City Shoshone  FEC ID number of contributing federal political committee.  Name of Employer Self  Receipt For: Primary General	ID 83352-0563  C Occupation Physician Owner/CEO/Med Dir Aggregate Year-to-Date ▼	02 20 2014 Transaction ID : C2649672
SUBTOTAL of Receipts This Page (optional)	Mailing Address PO Box 335 409 W. 10th Street City Wessington Springs  FEC ID number of contributing federal political committee.  Name of Employer Horizon Health Care Receipt For: Primary General	SD 57382-0335  C Occupation Physician Aggregate Year-to-Date ▼	02 19 2014 Transaction ID : C2647782
	SUBTOTAL of Receipts This Page (optional)	<u> </u>	1365.00

	FOR LINE NUMBER:					PAGE	. 1	12	OF		40
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NAME OF COMMITTEE (In Full)	the name and address of any political committee  Physicians Political Action Commit	
Full Name (Last, First, Middle Initial) Josephine Y Dinkha MBHB Mailing Address 1851 Beechnut Rd  City Northbrook  FEC ID number of contributing federal political committee.  Name of Employer Information Requested Receipt For:  Primary General Other (specify)	State Zip Code IL 60062-1201  C  Occupation Information Requested  Aggregate Year-to-Date ▼  250.00	Date of Receipt  02 19 2014  Transaction ID: C2648909  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Heidi Miller Duncan MD  Mailing Address 2711 Gregory Dr N  City  Billings  FEC ID number of contributing federal political committee.  Name of Employer  Billings Clinic  Receipt For:  Primary  General	State Zip Code MT 59102-0507  C  Occupation physician  Aggregate Year-to-Date ▼	Date of Receipt  02 10 2014  Transaction ID : C2645457  Amount of Each Receipt this Period  500.00
Other (specify)  Full Name (Last, First, Middle Initial) Robert Eidus MD Mailing Address 123 N Union Ave  City Cranford  FEC ID number of contributing federal political committee.  Name of Employer Self Employed Receipt For:	State Zip Code NJ 07016-2173  C  Occupation Physician  Aggregate Year-to-Date ▼	Date of Receipt  02 26 2014  Transaction ID : C2650508  Amount of Each Receipt this Period  365.00
Primary General Other (specify) ▼  SUBTOTAL of Receipts This Page (optional	365.00	1115.00

Use separate schedule(s) for each category of the Detailed Summary Page

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(check only one)						
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13	14	15	16	17		

Anv information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions

Full Name (Last, First, Middle Initial) Tricia C Elliott MD  Mailing Address 2214 Hazard St		Date of Receipt
- Cu	7.0	02 19 2014
City Houston	State Zip Code TX 77019-6514	Transaction ID : C2648836
FEC ID number of contributing federal political committee.	C 77019-0514	Amount of Each Receipt this Period  365.00
Name of Employer Kelsey-Seybold Clinic	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Sarah Jane Fessler MD		Date of Receipt
Mailing Address 44 Riverside Dr		02 10 _2014 _
City Riverside	State Zip Code RI 02915-4717	Transaction ID : C2645677  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	370.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  370.00	
Full Name (Last, First, Middle Initial) Wanda D Filer MD	1	Date of Receipt
Mailing Address 510 Aqua Ct		02 28 2014
City York	State Zip Code PA 17403-3623	Transaction ID : C2651562  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	350.00
Name of Employer	Occupation	
Strategic Health Institute	Family Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
,	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial) A. Aaron M Garman MD		Date of Receipt
Mailing Address 1312 Highway 49		02 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : C2645567
Beulah	ND 58523-9148	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Coal country health.com	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	205.00	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Dennis Lynn Gingrich MD	1	Date of Receipt
Mailing Address HMC, FAMILY MEDICINE, I	<del>1</del> 154	M = M / D = D / Y = Y = Y
500 University Dr City	State Zip Code	02 26 2014
Hershey	PA 17033-2360	Transaction ID : C2650515
	17055-2500	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Self	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  2. Janice R Gomersall MD	ı	Date of Receipt
Mailing Address Physicians Bldg # 3		M = M / D = D / Y = Y = Y
2835 FORT MISSOULA RD	STE 102	02 12 2014
City	State Zip Code	Transaction ID : C2645868
Missoula	MT 59804-7424	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Community Physician Group	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional).	<u> </u>	1095.00
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or for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	by Physicians Political Action Committee	to solicit contributions from such committee.
,	State Zip Code CA 93701-2302  C  Occupation Information Requested  Aggregate Year-to-Date  250.00	Date of Receipt  02 24 2014  Transaction ID: C2649925  Amount of Each Receipt this Period  250.00
Full Name (Last, First, Middle Initial)  Naomi S Grobstein MD  Mailing Address 48 Fairfield St		Date of Receipt
City  Montclair  FEC ID number of contributing federal political committee.  Name of Employer	State Zip Code NJ 07042-4137  C Occupation	D2 19 2014  Transaction ID : C2647768  Amount of Each Receipt this Period  365.00
Family Health Center  Receipt For:  Primary General Other (specify)	Physician  Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial)  David J Hagan MD  Mailing Address 410 Meadow Rue Dr  City Gibson City  FEC ID number of contributing federal political committee.	State Zip Code IL 60936-1914	Date of Receipt  02 14 2014  Transaction ID : C2646676  Amount of Each Receipt this Period  500.00
Name of Employer  Gibson City  Receipt For:  Primary General  Other (specify) ▼	Occupation Family Physician  Aggregate Year-to-Date ▼  500.00	_
SUBTOTAL of Receipts This Page (optional	al)	1115.00
TOTAL This Period (last page this line nur	nber only)	

Name of Employer

Receipt For:

В.

Sioux Valley Health Systems

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Daniel J Heinemann MD Date of Receipt Mailing Address 1305 W 18th St 06 2014 City State Zip Code Transaction ID: C2641926 SD 57105-0401 Sioux Falls Amount of Each Receipt this Period FEC ID number of contributing 200.00 federal political committee.

> Occupation Physician

Aggregate Year-to-Date ▼

Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Thomas Lynn Hicks MD Mailing Address 3258 N Monroe St		Date of Receipt  02 28 2014
City	State Zip Code	Transaction ID : C2651611
Tallahassee	FL 32303-2822	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Patients First	Medical Doctor	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)		

c. Benjamin Tate Hinkle Date of Receipt Mailing Address 1002 Hampton Fall Blvd 80 2014 02 Apt 1528 City State Zip Code Transaction ID: C2645487 ALBrownsboro 35741-8035 Amount of Each Receipt this Period FEC ID number of contributing C 365.00 federal political committee. Name of Employer Occupation UAB School of Medicine Student Receipt For: Aggregate Year-to-Date ▼ Primary General

SUBTOTAL of Receipts This Page (optional)		Ī	7		Ξ	,	10	65.0	00	
TOTAL This Period (last page this line number only)		I	- 7		I	7		_	Ξ	

365.00

Other (specify)

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Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
angle American Academy of Family Pł	nysicians Political Action Committe	ee
Full Name (Last, First, Middle Initial)  A. David J Hoelting MD		Date of Receipt
Mailing Address 813 Lloyd St		02 19 _ 2014 _
City	State Zip Code	Transaction ID : C2648835
Pender	NE 68047-5021	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer	Occupation	
Pender Medical Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  Marc D Irwin MD		Date of Receipt
Mailing Address 911 23Rd St	02 19 2014	
City	State Zip Code	Transaction ID : C2647797
Canyon	TX 79015-4645	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Information Requested	Information Requested	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial)  C. Rebecca Jaffe Md Mph Jaffe MD		Date of Receipt
Mailing Address 3105 Limestone Rd Ste 300		02 19 2014
City	State Zip Code	Transaction ID : C2648903
Wilmington	DE 19808-2156	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Rebecca Jaffe and Asso, PA	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1000.00	
SUBTOTAL of Receipts This Page (optional)		1750.00
TOTAL This Period (last page this line number of	only)	

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Any information copied from such Reports and sor for commercial purposes, other than using the	Statements may not be sold or used by any perse name and address of any political committee to	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family F	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial)  Leslie Leslie Knight MD  Mailing Address 3024 Alamo Cir		Date of Receipt
		02 08 2014
City	State Zip Code	Transaction ID : C2645489
Holloman Afb	NM 88330-7873	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
US Air Force	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Stanley M Kozakowski MD		Date of Receipt
Mailing Address 13213 Reeder St		02 08 2014
City	State Zip Code KS 66213-3657	Transaction ID : C2645490
Overland Park	KS 66213-3657	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer American Academy of Family Physicians	Occupation  Medical Education Administration	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	735.00	
Full Name (Last, First, Middle Initial)  C. Kaparaboyna Ashok Kumar MD		Date of Receipt
Mailing Address 18718 Needle Rock		02 19 / Y = Y = Y = Y
City	State Zip Code	Transaction ID : C2648890
San Antonio	TX 78258-4638	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	-
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	365.00	
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>	1095.00
TOTAL This Period (last page this line number	only)	

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or for commercial purposes, other than using the	he name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial)  A. Michael Dennis Lano MD		Date of Receipt
Mailing Address 4695 Shoreline Drive		02 24 2014
City	State Zip Code	Transaction ID : C2649917
Spring Park	MN 55317-9502	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Ridgeview Clinics	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial)  3. Robert A Lee MD		Date of Receipt
Mailing Address 9116 Hammontree Dr		02 27 2014
City	State Zip Code	Transaction ID: C2651133
Urbandale	IA 50322-7427	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Lee and Ruisch	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Full Name (Last, First, Middle Initial)  Cary L LeRoy MD		Date of Receipt
Mailing Address 761 Kenilworth Ave		02 19 2014 _
City	State Zip Code	Transaction ID : C2648873
Dayton	OH 45405-4051	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	400.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	950.00
TOTAL This Period (last page this line number	er only)	

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Geoffrey L Loman MD Date of Receipt Mailing Address 168 N Brent St Ste 502 2014 City Zip Code State Transaction ID: C2647772 CA Ventura 93003-2840 Amount of Each Receipt this Period FEC ID number of contributing 300.00 federal political committee. Name of Employer Occupation **Brent Street Family Practice** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) B. Teresa Grossman Lovins MD Date of Receipt Mailing Address 4365 N Riverside Dr 02 26 2014 City State Zip Code Transaction ID: C2650514 IN Columbus 47203-1124 Amount of Each Receipt this Period FEC ID number of contributing 365.00 federal political committee. Name of Employer Occupation Self Employed Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 365.00 Other (specify) Full Name (Last, First, Middle Initial) c. Scott Alfred Luking MD Date of Receipt Mailing Address 195 Birdhaven Trl 2014 02 19 City Zip Code State Transaction ID: C2648906 NC Reidsville 27320-8070 Amount of Each Receipt this Period FEC ID number of contributing 250.00 С federal political committee. Name of Employer Occupation Reidsville Family Medicine Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) 915.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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or for commercial purposes, other than using	the name and address of any political committee to	
NAME OF COMMITTEE (In Full)	Dhysisiana Dalitical Astica C	too
/	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial)  A. Andrew Lutzkanin III		Date of Receipt
Mailing Address 1835 Blacklatch Ln		02 11 2014
City	State Zip Code	Transaction ID : C2645906
Middletown	PA 17057-2984	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	†
Reading Hosp Reading Hlth Sys	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	30 0	
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Terry Lee Mills MD	•	Date of Receipt
Mailing Address 720 Medical Center Dr	02 08 _2014 _	
City	State Zip Code	Transaction ID : C2645492
Newton	KS 67114-8778	Amount of Each Receipt this Period
FEC ID number of contributing	0	
federal political committee.	C	500.00
Name of Employer	Occupation	-
Via Christi Clinic	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	30 0	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Vasanthan G Naidu		Date of Receipt
Mailing Address 700 South Gregory Street		Man / Dad / Yayayay
Suite A		02 03 2014
City	State Zip Code	Transaction ID : C2639856
Urbana	IL 61801-3622	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	1
Information Requested	Information Requested	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	365.00	
Other (specify) ▼	303.00	
SUBTOTAL of Receipts This Bose (anticard)		1230.00
ODIVIAL OF Receipts This Page (optional)	<u> </u>	123.55
TOTAL This Period (last page this line numb	per only)	

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	e name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
American Academy of Family F	Physicians Political Action Commit	tee
Full Name (Last, First, Middle Initial)  A. Sarah Catherine Nosal MD	Date of Receipt	
Mailing Address 40 E 9th St		02 08 2014
City	State Zip Code	Transaction ID : C2645466
New York	NY 10003-6421	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer	Occupation	
Institute for Family Health	Physician	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  3. David T O'Gurek MD		Date of Receipt
Mailing Address 440 W Iron St		02 19 2014
City	State Zip Code	Transaction ID : C2648899
Summit Hill	PA 18250-1014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	· ·	-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial)  C. Daniel J Ostergaard MD		Date of Receipt
Mailing Address 14547 S Hagan St		02 24 2014
City	State Zip Code	Transaction ID : C2649918
Olathe	KS 66062-9001	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify)	500.00	
☐ Otilet (Specily) ▼	300.00	
SUBTOTAL of Receipts This Page (optional)		1365.00
TOTAL This Period (last page this line number	only)	

FOF	LINE	NU	IMBER	:	PAGE	2	23 OF	-	40
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	nd Statements may not be sold or used by any per- g the name and address of any political committee t						
NAME OF COMMITTEE (In Full)							
/	y Physicians Political Action Commit	ttee					
Full Name (Last, First, Middle Initial) <b>1.</b> Francis L Pisney MD							
Mailing Address 322 1/2 College Ave		02 03 2014					
City	State Zip Code	Transaction ID : C2639854					
Iowa Falls	IA 50126-2106	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	365.00					
Name of Employer	Occupation	1					
Ellsworth Hospital	Physician						
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General	. iggiogato Total to Bato V						
Other (specify) ▼	365.00						
Full Name (Last, First, Middle Initial)  3. Daniel H Reiffenberger MD		Date of Receipt					
Mailing Address 4100 Golf Course Rd		02 10 2014					
City	State Zip Code	Transaction ID : C2645679					
Watertown	SD 57201-5416	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	365.00					
Name of Employer	Occupation	1					
Self Employed	Physician						
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00						
Full Name (Last, First, Middle Initial)  C. Lonnie S Robinson MD		Date of Receipt					
Mailing Address 4683 Old Military Rd		02 26 2014					
City	State Zip Code	Transaction ID : C2650512					
Mountain Home	AR 72653-4871	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	365.00					
Name of Employer	Occupation	1					
Self Employed	Physician						
Receipt For:	Aggregate Year-to-Date ▼	1					
Primary General							
Other (specify) ▼	365.00						
SUBTOTAL of Receipts This Page (optional	ıl)	1095.00					
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NAME OF COMMITTEE (In Full)		
American Academy of Family	Physicians Political Action Commit	ttee
Full Name (Last, First, Middle Initial)  Dennis F Salisbury MD		Date of Receipt
Mailing Address 805 W Diamond St		02 10 2014
City	State Zip Code	Transaction ID : C2645669
Butte	MT 59701-1526	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer	Occupation	†
Sisters of Charity of Leavenworth Heal	physician and Chief Physician Executiv	
Receipt For:	Aggregate Year-to-Date ▼	7
Primary General	00 0	
Other (specify) ▼	2500.00	
Full Name (Last, First, Middle Initial)  Madalyn Schaefgen MD		Date of Receipt
Mailing Address 1025 Newgate Dr		02 19 _ 2014 _
City	State Zip Code	Transaction ID : C2648894
Allentown	PA 18103-9263	Amount of Each Receipt this Period
FEC ID number of contributing		1
federal political committee.	C	365.00
Name of Employer	Occupation	7
Self Employed	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Dean A Schultz MD		Date of Receipt
Mailing Address 1850 Hickory St		02 19 2014
City	State Zip Code	Transaction ID : C2647771
Abilene	TX 79601-2325	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300.00
Name of Employer	Occupation	1
Self Employed	Physician	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	200.00	
Other (specify) ▼	300.00	
SUBTOTAL of Receipts This Page (ontional)	<b>&gt;</b>	3165.00
TOTAL This Period (last page this line numb	er only)	

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family	Physicians Political Action Committ	tee
Full Name (Last, First, Middle Initial)  A. Patricia Ann Sereno MD		Date of Receipt
Mailing Address 10 Morgan Ave		02 26 2014
City	State Zip Code	Transaction ID : C2650511
Stoneham	MA 02180-3417	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial)  Michael Sevilla MD		Date of Receipt
Mailing Address 2370 Southeast Blvd		M = M / D = D / Y = Y = Y
2370 Southeast Blvd	Stata Zin Codo	02 19 2014
City Salem	State Zip Code OH 44460-3418	Transaction ID : C2661449
	O11 4440U-3410	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	365.00
Name of Employer	Occupation	
Family Practice Center of Salem	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  365.00	
Full Name (Last, First, Middle Initial)  Dana Lee Sisk MD		Date of Receipt
Mailing Address 821 N Main St		02 19 2014
City	State Zip Code	Transaction ID : C2647767
Bonham	TX 75418-3723	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	gg. vga.co Tour to Dato V	
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional)	<b>•</b>	980.00
TOTAL This Period (last page this line numb	er only)	

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	Statements may not be sold or used by any person e name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
angle American Academy of Family F	Physicians Political Action Committ	ee
Full Name (Last, First, Middle Initial)  A. Daniel R Spogen MD		Date of Receipt
Mailing Address Brigham Building MS 316		02 03 2014
City	State Zip Code	Transaction ID : C2639876
Reno	NV 89557-0046	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
University of Nevada	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 5	
Other (specify)	1000.00	
Full Name (Last, First, Middle Initial)  Robert L Wergin MD		Date of Receipt
Mailing Address 10500 W A St		02 19 2014
City	State Zip Code	Transaction ID : C2648839
Lincoln	NE 68532-9183	Amount of Each Receipt this Period
FEC ID number of contributing		5. 245555.pt tills 1 51.54
federal political committee.	C	11.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	1034.00	
	7 7	
Full Name (Last, First, Middle Initial)  C. Robert L Wergin MD		Date of Receipt
Mailing Address 10500 W A St		02 19 _2014 _
City	State Zip Code	Transaction ID : C2648887
Lincoln	NE 68532-9183	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General		
Other (specify) ▼	1034.00	
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Full Name (Last, First, Middle Initial) Robert L Wergin MD  Mailing Address 10500 W A St		Date of Receipt
City	State Zip Code	02 28 2014 Transaction ID : C2651627
Lincoln	NE 68532-9183	Transaction ID : C2651627  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	23.00
Name of Employer	Occupation	
Self Employed	Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  1034.00	
Full Name (Last, First, Middle Initial) Shawn Harper Dic West MD	•	Date of Receipt
Mailing Address 7315 212th St SW		M = M / D = D / Y = Y = Y
Ste 101 City	State Zip Code	02 26 2014
Edmonds	WA 98026-7610	Transaction ID : C2650507  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	500.00
Name of Employer Self Employed	Occupation Physician	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  500.00	
Full Name (Last, First, Middle Initial)		
Richard Andre Wherry MD		Date of Receipt
Mailing Address 59 Tipton Dr		02 05 _2014 _
City	State Zip Code	Transaction ID : C2640682
Dahlonega	GA 30533-1603	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	
Chestatee Regional Hospital	physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	500.00	

FOF	FOR LINE NUMBER:			PAGE	2	28	OF	40	
(check only one)									
X	11a		11b		11c		12		
	13		14		15		16	;	17

	ing the name and address of any political committee					
American Academy of Fam	ily Physicians Political Action Commi	ttee				
Full Name (Last, First, Middle Initial) Brent Brent Wright MD		Date of Receipt				
Mailing Address 104 Northwood Dr	0	02 24 2014				
City Glasgow	State Zip Code KY 42141-8078	Transaction ID : C2649916				
	N1 42141-0070	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	370.00				
Name of Employer	Occupation					
Self Employed	Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	370.00					
Full Name (Last, First, Middle Initial)  Kim K Yu MD		Date of Receipt				
Mailing Address 26030 Island Lake Dr		M = M / D = D / Y = Y = Y = Y				
City	State Zip Code	02 19 2014 Transaction ID : C2661451				
Novi	MI 48374-2161	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	365.00				
Name of Employer	Occupation					
Self Employed	Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼	365.00					
Full Name (Last, First, Middle Initial)		Date of Receipt				
Mailing Address		M = M / D = D / Y = Y = Y				
City	State Zip Code	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С					
Name of Employer	Occupation					
Receipt For:	Aggregate Year-to-Date ▼	1				
Primary General	33 33 33 33 33 33 33 33 33 33 33 33 33					
Other (specify)						
SUBTOTAL of Receipts This Page (option	nal)	735.00				
		20000 66				
TOTAL This Period (last page this line nu	imber only)	30996.66				

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 OF 40 (check only one)  11a  11b  11c  12 13  14
Any information copied from such Reports and State or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Academy of Family Ph	nysicians	Political Action Comm	nittee
Full Name (Last, First, Middle Initial)  American Academy of Family Physician  Mailing Address 11400 Tomahawk Creek Pkwy  City  Leawood  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  General  Other (specify)	State KS	Zip Code 66211-2672 Year-to-Date ▼	Date of Receipt    M
Full Name (Last, First, Middle Initial)  American Academy of Family Physic  Mailing Address 11400 Tomahawk Creek Pkwy  City  Leawood  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary  Other (specify)   General  Other (specify)	State KS C	Zip Code 66211-2672 Year-to-Date ▼	Date of Receipt  02 18 2014  Transaction ID: C2647390  Amount of Each Receipt this Period  27.90
Full Name (Last, First, Middle Initial)  Mailing Address  City  FEC ID number of contributing federal political committee.  Name of Employer  Receipt For:  Primary General Other (specify)		Zip Code  Year-to-Date ▼	Date of Receipt  M M / D D / Y Y Y Y Y  Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)			737.79

TOTAL This Period (last page this line number only).....

737.79

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SCHEDULE E	3 (FEC Form 3X)						30	OF 4					
ITEMIZED DIS	SBURSEMENTS		arate schedule(s) category of the	\ I	(check only one)								
			Summary Page		X	21b	22		23		24	25	
						27	28a		28b		28c	29	3
	ied from such Reports and State urposes, other than using the na												
NAME OF COM	MITTEE (In Full)												
American A	cademy of Family Phy	sicians F	Political Acti	on C	om	mitt	ee						
	First, Middle Initial)												
A. American E	xpress						Date of	of Dis	sburse			YIY	Y
Mailing Address	PO Box 53852						02 03 2014						
City		State	Zip Code				Tran	sacti	on ID	· D1	53656		
Phoenix	waamant	AZ	85072-3852					ouo.	0		00000		
Purpose of Disbu Bank card proce	ssing fee						Amour	nt of	Each	Disb	urseme	nt this	Period
Candidate Name					egor ype	y/		Ξ	,	Ξ	-,-	24	4.38
Office Sought:		ment For:											
	Senate President	Primary Other (spe	General										
State:	District:	Other (spe	(City)										
	First, Middle Initial)												
B. American E							Date of	of Dis	sburse	men			
Mailing Address	PO Box 53852						02	/	0			2014	Y
City		State	Zip Code										
Phoenix		AZ	85072-3852				ıran	sact	ion ID	: บา	53657		
Purpose of Disbu Bank card proce							Amour	nt of	Each	Disb	urseme	nt this	Period
Candidate Name					egor	y/		Ξ		I	7	1	1.86
Office Sought:	House Disburse	ment For:			-				-				
	Senate	Primary	General										
State:	President District:	Other (spe	ecify) 🔻										
•	First, Middle Initial)												
C. American E	xpress						Date of	of Dis	sburse	men			
Mailing Address	PO Box 53852						02	/	1	_		2014	Y
City		State	Zip Code				Tran	sacti	ion ID	: D1	54250		
Phoenix Purpose of Disbu	ırsement	AZ	85072-3852			_							
Bank card proce				Т.			Amour	nt of	Fach	Dish	urseme	nt this	Period
Candidate Name					egor ype	y/	, anoun		24011	D101			6.25
Office Sought:	House Disburse	ment For:						_	1		7		
	Senate	Primary	General										
_	President	Other (spe	ecify) 🔻										
State:	District:												
SUBTOTAL of Disl	oursements This Page (optional).					<u> </u>		Ξ	,	_	,	52	2.49
TOTAL This Period	I (last page this line number only	·)				•			,				

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE			31	OF	40					
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the	(ch	eck o	only o	ne)					_		
			Summary Page		X 2		22		23 20h	2		25		26
<u> </u>		<u> </u>			2		28a		28b		Bc	29		30b
Ar or	ly information copied from such Reports and Statem for commercial purposes, other than using the name	nents may in e and addi	not be sold or us ress of any polition	sed by a	any p	erson e to s	for the	purpo ntribu	ose o	f solic	iting o	contrib	utions ttee.	s
	NAME OF COMMITTEE (In Full)													
	American Academy of Family Phys	icians P	Political Action	on Co	mm	nitte	е							
_	Full Name (Last, First, Middle Initial)													
Α.	American Express						Date of	f Disk	ourser		Υ	ΥΥΥ	Y	
	Mailing Address PO Box 53852						02 12 2014							
	,	State	Zip Code				Trans	actio	n ID :	D154	1251			
	Purpose of Disbursement	AZ	85072-3852											
	Bank card processing fee				Ξ		Amount	t of E	ach I	Disbur	seme	nt this	Perio	od
	Candidate Name			Cate Ty				,			,	1	6.25	
	Office Sought: House Disbursen Senate	nent For: Primary	General											
	President State: District:	Other (spec	cify) 🔻											
_	Full Name (Last, First, Middle Initial)													
В.	American Express						Date of	f Disk						
	Mailing Address PO Box 53852						02		13			2014	Y	
	Phoenix	State AZ	Zip Code 85072-3852				Trans	actio	n ID	: D154	1252			
	Purpose of Disbursement Bank card processing fee					1	Amount	t of E	ach [	Disbur	seme	nt this	Perio	od
	Candidate Name			Cate				. ,			,		2.98	
		nent For: Primary Other (spec	General cify) ▼											
_	Full Name (Last, First, Middle Initial)						Date of	f Dieł	nurear	mant				
Ο.	American Express						M M	, DISK	D		V	Y Y	V	
	Mailing Address PO Box 53852						02		14			2014		
		State AZ	Zip Code 85072-3852				Trans	actic	n ID	: D154	1253			
	Purpose of Disbursement Bank card processing fee	· · ·	00072 0002	_	-	1		. , -		S: 1				
	Candidate Name			Cate		1	Amount	OIE	acn i	Jisbur	seme		7.00	oa
	Office Sought: House Disbursen	nent For:	l					,			7			
		Primary	General											
		Other (spec	cify) 🔻											
_	State: District:													
$\vdash$	UBTOTAL of Disbursements This Page (optional)  OTAL This Period (last page this line number only)					_					, ,	13	6.23	

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S	SCHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 32 OF 40						
	•	Use separate schedu	ıle(s)	FOR LINE N	-		PAGE	ა∠	UF	40
П	EMIZED DISBURSEMENTS	for each category of	the	X 21b						
		Detailed Summary Pa	age	27	28a	28b	28c	29	H	26 30b
·	and the form of the second sec									
Ar	ny information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may not be sold one and address of any	or used	a by any perso	n for the purp	ose of so	ilciting co	ontribu	ITIONS tee	
۲		io and address of dify	Pontical	. 331111111100 10	CONOR CONTRIBU	200113 11011	54611 6	J.I.IIIII		
$  \setminus$	NAME OF COMMITTEE (In Full)	viologo Dalitiaal A	-:-							
/	American Academy of Family Phys	sicians Political P	ACTION	i Committe	ee					
<u></u>	Full Name (Last, First, Middle Initial)									
Α.	American Express				Date of Dis	bursemen	t			
	American Express				M M /	D D		Y	V	
	Mailing Address PO Box 53852				02 18 2014					
	•									
	City	State Zip Code			T	ID . D4	F 40 F 4			
	Phoenix	AZ 85072-385	52		Transaction	on ID : D1	54254			
	Purpose of Disbursement									
	Bank card processing fee				Amount of I	Each Disb	ursemen	t this	Perio	d
	Candidate Name			Category/					3.25	
				Туре		7	7		J.20	
	Office Sought: House Disbursen									
		Primary Gene	ral							
	President	Other (specify) ▼								
_	State: District:									
	Full Name (Last, First, Middle Initial)									
В.	American Express				Date of Dis	bursemen	t			
	Matter Address Barrier				M M /	D D		Y Y	Υ	
	Mailing Address PO Box 53852				02	24	2	2014	_	
	City	State Zip Code								
	Phoenix	AZ 85072-38	52		Transacti	on ID : D1	54255			
	Purpose of Disbursement	000.2 000								
	Bank card processing fee				Amount of Each Disbursement this Period				d	
	Candidate Name			Category/						
				Type		,	7	5	7.85	
	Office Sought: House Disbursen	nent For:								_
	Senate	Primary Gene	ral							
	President	Other (specify) ▼								
_	State: District:									
	Full Name (Last, First, Middle Initial)									
C.	American Express				Date of Dis	bursemen	t			
	·				M = M /	D D	/ Y Y	Υ	Υ	
	Mailing Address PO Box 53852				02	27	2	014		
	-									
		State Zip Code	-0		Transaction	on ID : D1	54256			
	Phoenix Purpose of Disbursement	AZ 85072-385	) <u>_</u>							
	Bank card processing fee				Ama = / !	Took Dist		-'حلد به	De	٨
	Candidate Name				Amount of I	=acn Disb	ursemen	it this	rerio	u
				Category/ Type	1				1.37	
	Office Sought: House Disbursen	nent For:		.,,,,		,	1			-
	Senate	Primary Gene	ral							
	President	Other (specify)								
	State: District:	· · · · · · · · · · · · · · · · · · ·								
Г	L						-	_		_
ءِ ا	SUBTOTAL of Disbursements This Page (optional)							62	2.47	
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۱,	TOTAL This Period (last nage this line number only)			_	1				_	

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SCHEDULE B (FEC Form 3X)					PAGE 33 OF 40			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Greek Grily Grie)						
	Detailed Summary Page	X 21		23	24 25 26			
		27		28b	28c 29 30			
Any information copied from such Reports and Statem or for commercial purposes, other than using the name								
NAME OF COMMITTEE (In Full)								
American Academy of Family Physi	icians Political Action	on Comm	ittee					
Full Name (Last, First, Middle Initial)								
A. American Express			Date of	Disburseme	ent / Y T Y T Y T Y			
Mailing Address PO Box 53852			02 28 2014					
•	tate Zip Code		Trans	action ID : [	1154257			
	AZ 85072-3852		ITALIS	action ib . L	7134237			
Purpose of Disbursement Bank card processing fee			Amount	of Each Dis	sbursement this Period			
Candidate Name		Category/ Type		. ,	28.28			
Office Sought: House Disbursem	ent For:							
	Primary General							
	Other (specify) ▼							
State: District:								
Full Name (Last, First, Middle Initial)  B. Bank Of America Merchant Service	es .		Date of	Disburseme	ent			
Mailing Address WA2-505-01-40			02	03	2014			
PO Box 2485	7.0.1		UZ	03	2014			
Spokane \	tate Zip Code WA 99210-2485		Trans	action ID : [	D153658			
Purpose of Disbursement Bank card processing fee			Amount	of Each Dis	sbursement this Period			
Candidate Name		Category/ Type			645.10			
Office Sought: House Disbursem	ent For:							
	Primary General							
	Other (specify) ▼							
State: District:  Full Name (Last, First, Middle Initial)								
C.			Date of	Disburseme				
Mailing Address			MM	/ D D	/			
City	tate Zip Code							
Purpose of Disbursement								
Candidate Name	Category/ Type	Amount of Each Disbursement this Period						
Office Sought: House Disbursem	ent For:			- 7				
	Primary General							
	Other (specify) ▼							
State: District:								
SUBTOTAL of Disbursements This Page (optional)		·····•			673.38			
TOTAL This Period (last page this line number only).					924.57			

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 34 OF 40
ITEMIZED DISBURSEMENTS	Use separate schedule( for each category of the Detailed Summary Page	(check only	one) 22 🗙 23 💮 24 📄 25 📄 26
	Johanna Jannia, ragi	27	28a 28b 28c 29 30
Any information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
American Academy of Family Physics	sicians Political Ac	tion Committ	tee
Full Name (Last, First, Middle Initial)			
A. AmeriPAC: The Fund for a Greate	r America		Date of Disbursement
Mailing Address 499 S. CAPITOL ST. S.W. #414			02 28 2014
City WASHINGTON	State Zip Code DC 20003		Transaction ID : D154004
Purpose of Disbursement	20000		
Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	2500.00
Office Sought: House Disburse Senate	ment For:    Primary   General		
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
B. Democratic Senatorial Campaign	Committee		Date of Disbursement
Mailing Address 120 Maryland Ave NE			02 28 2014
City	State Zip Code		Transaction ID : D153809
Washington	DC 20002-5610		Hansaction id . D133009
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	15000.00
Office Sought:  House Senate President  Disburse	ment For:    Primary   General     Other (specify)   \(\bigveright\)		
State: District:	, , , , , , , , , , , , , , , , , , ,		
Full Name (Last, First, Middle Initial)  - EVERY REPUBLICAN IS CRUCIA	ΛΙ (ERICPAC)		Date of Disbursement
Mailing Address 25 East Main Street, Suite 200	te (errior 7.0)		02 28 2014
Maining Address 25 East Wall Street, Suite 200			02 20 20 7
City Richmond	State Zip Code VA 23219		Transaction ID : D153803
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period
Candidate Name		Category/	2500.00
Rep. Eric Cantor		Туре	2500.00
Office Sought: House Disburse Senate President	ement For:    Primary		
State: VA District: 07	· ·		
SUBTOTAL of Disbursements This Page (optional).			20000.00
TOTAL This Period (last page this line number only	·)		

SCHEDULE B (FEC Form 3X)			FOR I	LINE N	UMBER:		PAG	E 35	OF 40
ITEMIZED DISBURSEMENTS	for each ca	te schedule(s) tegory of the		only o		<b>X</b> 23	24	25	2
	Detailed Su	mmary Page		27	28a	28b	28c	29	3
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar									
NAME OF COMMITTEE (In Full)		, ,							
American Academy of Family Phys	sicians Po	litical Action	on Com	mitte	е				
Full Name (Last, First, Middle Initial)					Data of	Dioburoo	mont		
A. ROUNDS FOR SENATE					M M	Disburse		YY	Υ
Mailing Address PO Box 250					02 28 2014				
,		Zip Code			Trans	action ID	: D153997		
Pierre	SD	57501-0250			mans	uotion ib	. 5100001		
Purpose of Disbursement Campaign contribution					Amount	of Each	Disbursem	ent this	Period
Candidate Name Hon. Mike Rounds			Category	y/	Г.			5000	0.00
	ment For: 20°	14	Туре			,	,		
Senate President	Primary Other (specify	General							
State: SD District:									
Full Name (Last, First, Middle Initial)	_	_							
3. LEADERSHIP FOR TODAY AND	LEADERSHIP FOR TODAY AND TOMORROW						ment	YY	Υ
Mailing Address 625 3rd St NE Apt 2					02 28 20				
City Washington		Zip Code 20002-4942		Transaction ID : [		: D153995			
Purpose of Disbursement Campaign contribution			· ·	$\neg$	Amount	of Each	Disbursem	ent this	Period
Candidate Name			Category	y/				-	0.00
Office Sought: House Disburser	ment For:		1,700			, , , , , , ,			
Senate	Primary	General							
President State: District:	Other (specify	<b>√</b> ) ▼							
Full Name (Last, First, Middle Initial)					Doto of	Dichura -	mont		
C. ANDY HARRIS FOR CONGRESS					M M	Disburse		YY	Υ
Mailing Address PO Box 1527					02	28	8	2014	
City	State 2	Zip Code			Trans	action ID	: D153996		
Annapolis	MD :	21404			iiaiis	action iD	. שניניו ש		
Purpose of Disbursement Campaign contribution				$\neg \bot$	Amount	of Each	Disbursem	ent this	Period
Candidate Name			Category	y/				4004	0.00
Rep. Andy Harris			Туре			7	7	1000	0.00
Office Sought:  House Senate President  Disburser	ment For: 20° Primary Other (specify	General							
State: MD District: 01	Other (apecil)	() <b>▼</b>							
SUBTOTAL of Disbursements This Page (optional)				<b>•</b>	Ţ.	1 40 1	1.5	8500	0.00
					Ħ	-	,		
TOTAL This Period (last page this line number only)	)			•			7		

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER:	PAGE 36 OF 40				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	21b	22 X 23	24 25 26				
Г		27	28a 28b	28c 29 30b				
Any information copied from such Reports and State or for commercial purposes, other than using the na								
NAME OF COMMITTEE (In Full)								
American Academy of Family Phy	sicians Political Action	on Committ	ee					
Full Name (Last, First, Middle Initial)			Data of Dialous	-1				
A. GUTHRIE FOR CONGRESS			Date of Disbursement					
Mailing Address PO Box 9639			02 28 2014					
City	State Zip Code			45004				
Bowling Green	KY 42102		Transaction ID : D	153801				
Purpose of Disbursement Campaign contribution			Amount of Each Dis	bursement this Period				
Candidate Name		Category/		1000.00				
Rep. Brett Guthrie		Type		1000.00				
	ement For: 2014							
Senate President	Primary General Other (specify) ▼							
State: KY District: 02	Other (specify)							
Full Name (Last, First, Middle Initial)								
B. CANTOR FOR CONGRESS			Date of Disbursemen					
Mailing Address P. O. Box 17813			02 28	2014				
City Richmond	State Zip Code VA 23226		Transaction ID : D	153802				
Purpose of Disbursement Campaign contribution			Amount of Each Dis	bursement this Period				
Candidate Name		Category/		2500.00				
Rep. Eric Cantor		Type		2500.00				
	ement For: 2014 Primary General Other (specify)							
Full Name (Last, First, Middle Initial)  C. UPTON FOR ALL OF US			Date of Disbursement	nt				
Mailing Address 104 Hume Ave			02 Z8	2014				
-								
City Alexandria	State Zip Code VA 22301-1015		Transaction ID : D	153807				
Purpose of Disbursement Campaign contribution			Amount of Fook Dia	huraamant this Daviad				
Candidate Name		Catamanı	Amount of Each Dis	bursement this Period				
Rep. Fred Upton		Category/ Type		2500.00				
•	ement For: 2014 Primary General Other (specify) ▼		, , , , , , , , , , , , , , , , , , , ,					
State: MI District: 06								
SUBTOTAL of Disbursements This Page (optional).				6000.00				
TOTAL This Period (last page this line number only	/)	······						

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)					
	Detailed Summary Page	21b	22 X 23 24 25 20 20 20 20 20 20 20 20 20 20 20 20 20					
Г		27	28a 28b 28c 29					
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan	nents may not be sold or us ne and address of any politic	sed by any perso cal committee to	on for the purpose of soliciting contributions solicit contributions from such committee					
NAME OF COMMITTEE (In Full)	add. ood or drift points		The second secon					
American Academy of Family Phys	icians Political Actio	on Committ	ee					
/ / / / / / / / / / / / / / / / / / /								
Full Name (Last, First, Middle Initial)			B (B)					
A. BRADY FOR CONGRESS			Date of Disbursement					
Mailing Address P.O. BOX 8277			02 28 2014					
g			22 20					
City	State Zip Code		Transaction ID : D153805					
THE WOODLANDS	TX 77387		Transaction ib . b 133003					
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period					
Candidate Name		Catanaria	, and an each biobulsement this renot					
Rep. Kevin Brady		Category/ Type	500.00					
	nent For: 2014							
	Primary General							
President	Other (specify) ▼							
State: TX District: 08								
Full Name (Last, First, Middle Initial)  B. BRADY FOR CONGRESS			Date of Disbursement					
B. BRADY FOR CONGRESS			M M / D D / Y Y Y Y					
Mailing Address P.O. BOX 8277			02 17 2014					
•	State Zip Code		Transaction ID : D153806					
THE WOODLANDS Purpose of Disbursement	TX 77387							
Campaign contribution			Amount of Each Disbursement this Period					
Candidate Name		Category/						
Rep. Kevin Brady		Туре	2500.00					
	nent For: 2014							
Senate President	Primary General							
State: TX District: 08	Other (specify) ▼							
Full Name (Last, First, Middle Initial)								
C. KEVIN MCCARTHY FOR CONGR	FSS		Date of Disbursement					
			M = M / D = D / Y = Y = Y					
Mailing Address PO Box 12667			02 28 2014					
City	State Zip Code							
Bakersfield	CA 93389		Transaction ID : D153800					
Purpose of Disbursement								
Campaign contribution		L II	Amount of Each Disbursement this Period					
Candidate Name		Category/	2500.00					
Rep. Kevin McCarthy  Office Sought:  House Disburser	nent For: 2014	Туре	1000.00					
Senate Disburser	Primary General							
President	Other (specify) ▼							
State: CA District: 22	<b>₹1</b> /- <b>3</b> / <b>₹</b>							
<u> </u>								
SUBTOTAL of Disbursements This Page (optional)			5500.00					
TOTAL This Period (last page this line number only)								

SCHEDULE B (FEC Form 3X)		FOD I WE	NUMBER: PAGE 38 OF 40				
ITEMIZED DISBURSEMENTS	Use separate schedule(s		NOMBEN:				
TI LIVIIZED DIODORGENIENTO	for each category of the Detailed Summary Page	21h	22 🗙 23 24 25 26				
		27	28a 28b 28c 29 30b				
Any information copied from such Reports and St	,	, , ,	1 1				
or for commercial purposes, other than using the	name and address of any poli	tical committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
$ \; angle$ American Academy of Family Ph	nysicians Political Act	tion Committ	tee				
Full Name (Last, First, Middle Initial)		1					
A. MICHAEL BURGESS FOR CON	IGRESS		Date of Disbursement				
			M M / D D / Y Y Y Y				
Mailing Address PO Box 2334			02 28 2014				
City	Ctata Zin Cada						
City Denton	State Zip Code TX 76202		Transaction ID : D153804				
Purpose of Disbursement	10202						
Campaign contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/	5000.00				
Rep. Michael C. Burgess		Type	5000.00				
	rsement For: 2014						
Senate	Primary General						
State: TX District: 26	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
B. SIMPSON FOR CONGRESS			Date of Disbursement				
			M M / D D / Y Y Y				
Mailing Address 1487 PARKWAY DRIVE			02 28 2014				
-							
City	State Zip Code ID 83221		Transaction ID : D154002				
BLACKFOOT Purpose of Disbursement	ID 83221		-				
Campaign contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/					
Rep. Mike Simpson		Type	2500.00				
	rsement For: 2014						
Senate	Primary General						
President State: ID District: 02	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C. RYAN FOR CONGRESS			Date of Disbursement				
- INTAINT ON CONCINEDO			M M / D D / Y Y Y				
Mailing Address P. O. Box 1919			02 28 2014				
City	State Zip Code WI 53547		Transaction ID : D154003				
Janesville Purpose of Disbursement	WI 53547						
Campaign contribution			Amount of Each Disbursement this Period				
Candidate Name		Category/					
Rep. Paul D. Ryan		Type	2500.00				
	rsement For: 2014						
Senate	Primary General						
President Pictrict: 04	Other (specify) ▼						
State: WI District: 01							
SUBTOTAL of Disbursements This Page (options	al)		10000.00				
CODITOTAL OF DISDUISEMENTS THIS Page (OPHOTIS	A1)	<u> </u>					
TOTAL This Period (last page this line number of	nly)						

SCHEDULE B (FEC Form 3X)		F(	OR LINE	NUMBER:		PAGE 39	OF 40		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	f the (c	heck only	NONDELL.			725		
		Page	27	28a	28b	28c 29	3		
Any information copied from such Reports and States									
or for commercial purposes, other than using the nar	ne and address of any	political con	nmittee to	SOIICIT CO	ntributions	irom such comm	iittee.		
NAME OF COMMITTEE (In Full)	siciona Dalitical	Action C	ommitt						
American Academy of Family Phys	sicians Political	Action C	ommitt	ee					
Full Name (Last, First, Middle Initial)					Date of Disbursement				
A. LEVIN FOR CONGRESS				Date of	/ Disbursen		V		
Mailing Address PO Box 37				02	28				
City	State Zip Code	)		Trans	action ID :	D153799			
Roseville	MI 48066			IIalis	action ib .	D133799			
Purpose of Disbursement Campaign contribution				Amoun	t of Each D	Disbursement this	s Period		
Candidate Name		Cate	egory/			OF.	00.00		
Rep. Sander M. Levin		T	ype		7	25	00.00		
	ment For: 2014	1							
Senate President	Primary Gen	ierai							
State: MI District: 12	Other (specify) ▼								
Full Name (Last, First, Middle Initial)									
PAT ROBERTS FOR US SENAT	E INC			Date of	f Disbursen	nent			
- PAT ROBERTS FOR 0.3 SENATE INC					M M / D D / Y Y Y Y				
Mailing Address PO BOX 433				02	28				
City	State Zip Code	)		Trans	saction ID :	D153998			
GREAT BEND	KS 67530								
Purpose of Disbursement Campaign contribution				Amoun	t of Each C	Disbursement this	2 Parind		
Candidate Name				Amoun	t of Lacif L	nsbursement und	3 i choa		
Sen. Pat Roberts			egory/ ype			50	00.00		
	ment For: 2014		71		,	,			
X Senate	Primary Sen	eral							
President	Other (specify) ▼								
State: KS District: 00									
Full Name (Last, First, Middle Initial)				Data o	f Disbursem	aont			
C. PEOPLE FOR PATTY MURRAY					_		V		
Mailing Address PO BOX 3662				02	28		- 4		
City	State Zip Code	<u> </u>							
SEATTLE	WA 98124			Trans	action ID :	D153808			
Purpose of Disbursement			-						
Campaign contribution				Amoun	t of Each D	Disbursement this	s Period		
Candidate Name			egory/			25	00.00		
Sen. Patty Murray  Office Sought: House Disburse	mont For: 0040		ype		7				
Office Sought: House Disburser  Senate	ment For: 2016  Primary Gen	eral							
President	Other (specify)	ioi ai							
State: WA District: 00	(opcony) •								
55									
SUBTOTAL of Disbursements This Page (optional)					1 40 1	100	00.00		
				-	7	-			
TOTAL This Period (last page this line number only)	)								

SCHEDULE B (FEC Form 3X)		FOR LINE N	NUMBER: PAGE 40 OF 40		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	21b	22 🗙 23 24 25 26		
		27	28a 28b 28c 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
American Academy of Family Phys	icians Political Actio	n Committe	ee		
Full Name (Last, First, Middle Initial)					
A. WYDEN FOR SENATE	Date of Disbursement				
Mailing Address 232 NE 9TH AVENUE	02 28 2014				
City	tate Zip Code		Transaction ID D454004		
	OR 97232		Transaction ID : D154001		
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	2500.00		
Sen. Ron Wyden		Type	2500.00		
	nent For: 2016 Primary General				
	Other (specify) ▼				
State: OR District: 00					
Full Name (Last, First, Middle Initial)  B. COLLINS FOR SENATOR			Date of Disbursement		
B. COLLINS FOR SENATOR					
Mailing Address PO BOX 1096			02 17 2014		
BANGOR	tate Zip Code ME 04402		Transaction ID : D153999		
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period		
Candidate Name		Category/	2500.00		
Sen. Susan Collins		Type	2500.00		
	nent For: 2014				
	Primary				
State: ME District: 00	other (specify)				
Full Name (Last, First, Middle Initial)  C. COLLINS FOR SENATOR			Date of Disbursement		
COLLING FOR SENATOR		M M / D D / Y Y Y Y			
Mailing Address PO BOX 1096			02 28 2014		
City	tate Zip Code		Transaction ID : D154000		
	ME 04402		114110404101112 1 2 10 1000		
Purpose of Disbursement Campaign contribution					
Candidate Name			Amount of Each Disbursement this Period		
Sen. Susan Collins		Category/ Type	2500.00		
	nent For: 2014				
▼ Senate	Primary General				
President	Other (specify) ▼				
State: ME District: 00					
			7500.00		
SUBTOTAL of Disbursements This Page (optional)		······	7500.00		
			67500.00		